



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: BLUFFTON REGIONAL MEDICAL CENTER

City of Hospital: Bluffton

Year Begin: 01/01/2020 (mm/dd/yyyy format)

Year End: 12/31/2020 (mm/dd/yyyy format)

Person Completing the Report: Sherry Knight

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Medicare Provider Number: 150075

Statement One: Summary of Revenue and Expenses
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1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$51519100
Outpatient Patient Service Revenue	\$134488116
Total Gross Patient Service Revenue	\$186007216

2. Deductions From Revenue

Contractual Allowance	\$150409038
Other Deductions	\$291529
Total Deductions	\$150700567

3. Total Operating Revenue

Net Patient Service Revenue	\$35306649
Other Operating Revenue	\$61736
Total Operating Revenue	\$35368385

4. Operating Expenses

Salaries and Wages	\$12452398	Employee Benefits	\$2821143
Depreciation and Amortization	\$5197771	Interest Expense	\$56128
Bad Debt	\$4390852	Other Expenses	\$13235659
Total Operating Expenses	\$38153951		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-2785866	Total Assets	\$35065940
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$42513080

Total Net Gains	\$-2785866
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$49164709	\$44261540	\$4903169
Medicaid	\$30727707	\$26694271	\$4033436
Other Government	\$2122927	\$1327202	\$795725
Other State	\$0	\$0	\$0
Other Payers	\$103991872	\$78417554	\$25574318
Total	\$186007215	\$150700567	\$35306648

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$570297
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$103509	
HCI Payments	\$0		
Subtotal	\$0	\$103509	\$-103509
Medicaid Shortfalls	\$4033436	\$5577079	
Subtotal	\$4033436	\$5680588	\$-1647152
DSH Payments	\$0		
Subtotal	\$4033436	\$5680588	\$-1647152
Medicare Shortfalls	\$4903169	\$8923395	
Other Government Programs	\$795724	\$385311	
Total	\$9732329	\$14989294	\$-5256965

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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